

February 26, 1968

Dr. Adrian Kantrowitz
4802 Tenth Avenue
Brooklyn, New York 11219

Dear Doctor Kantrowitz:

Thank you for your long and detailed letter which greeted me on my return from my winter vacation. I was, indeed, glad to hear your side of the story. I hope you in turn think that my editorial to the American Medical Association was sound and that the criticism was mildly put. Certainly your experience does show up the necessity of better storage of organs and better preservation of hearts so that there will not be this tremendous rush to use the first or the most available heart and not the best heart, and also we have a lot to learn about the rejection phenomena. Certainly, today there is still a lot of research to do. Some day I believe it will come but we've got to work out many problems before it can or should be widely used, both scientific and ethical.

As regards your baby, I would like to point out that the child who dies six hours after getting off the pump, with severe acidosis, is a pump failure. Just getting a child off, or a person off the pump, is nothing; it is having them survive afterwards. I would like to know how many infants and children, and how young an infant, you have had on the pump for major heart surgery and have them survive. Most of us have found it extremely difficult. Until the pump problem is solved it seems hardly wise to try to do a transplant on an infant. Again, I think the day will come when this is possible but there is every reason to believe that you are going to meet the same problems of rejection in the infant as there are in the adult. Today it is extremely difficult to get a tiny infant off the pump and have him live. The real indication for transplant would be hypoplastic left heart and aortic atresia, and this is about the only condition, at the present time, that it is really justified to try a cardiac transplant and then only if the pump problem is solved.

I do hope that all of you that are engaged in organ transplant can continue to work quietly and make advances, that the technique may be developed and all the problems solved, but that there will be no rush to be first in this country; and above all that the ability to do cardiac transplant will never become a status symbol. As I see it, the ability to perform a successful cardiac transplant is an indication of cooperation and the union of many skills rather than remarkable surgical technique.

Sincerely yours,

Helen B. Taussig, M.D.
Professor Emeritus of Pediatrics

HBT:k